

Food by Prescription

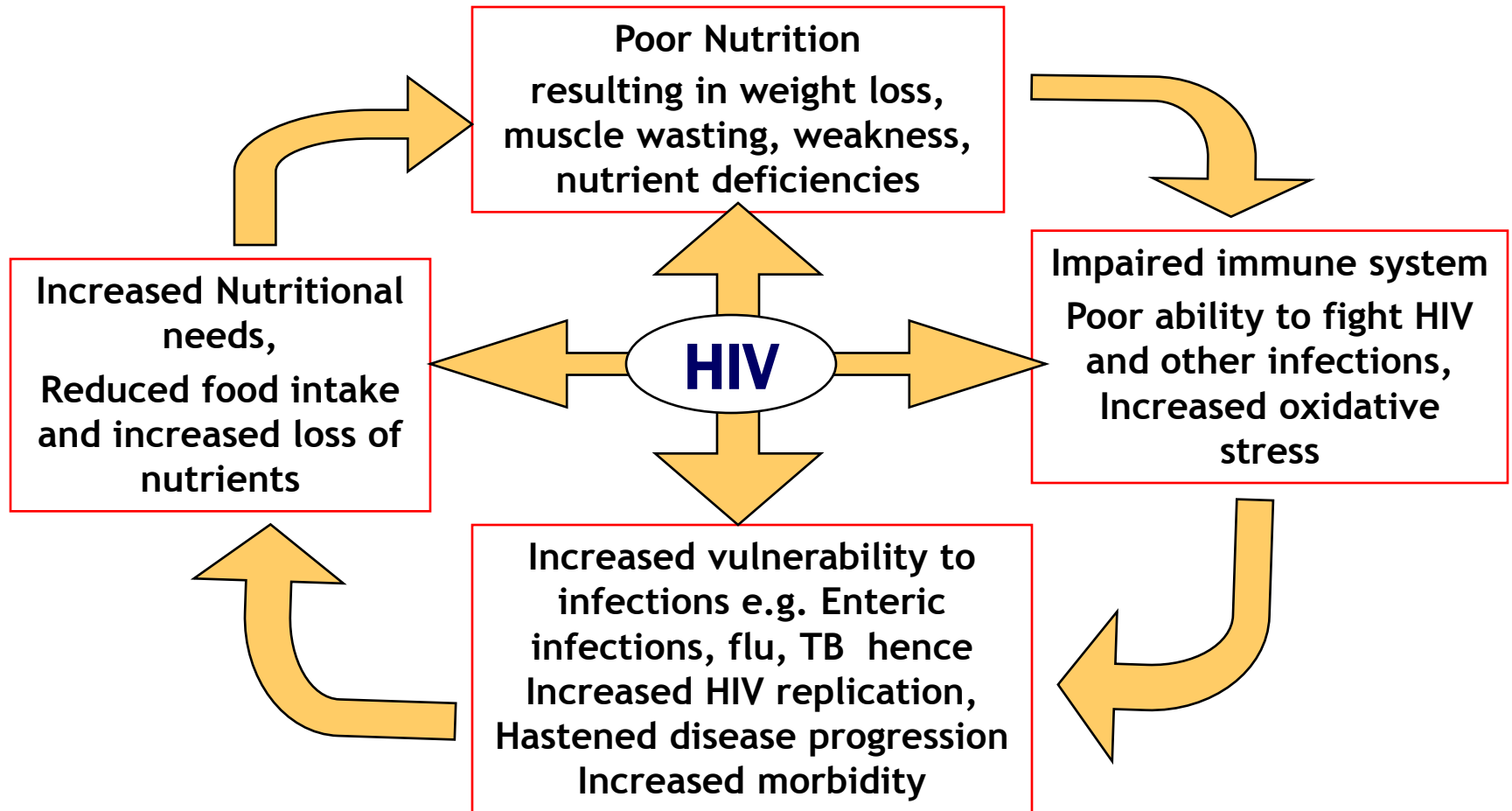
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Presentation

- Integrating Nutrition into Therapeutic Feeding and HIV-Related Care and Treatment.
- Hear about the food products being developed, consumer profiles,
- how food by prescription supports overall health and economic status of consumer,
- remaining gaps, lessons learned, and recommendations for food industry responses.

Vicious Cycle of Malnutrition and HIV

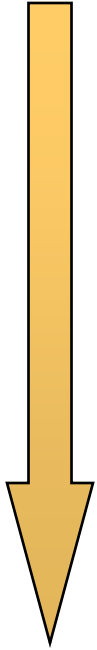


Source: Adapted from RCQHC and FANTA 2003

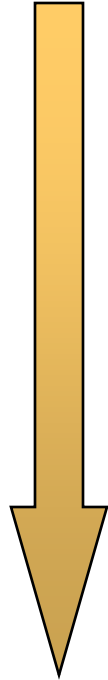
Effects of Malnutrition and HIV on the Immune System

Malnutrition

HIV



CD4 T-lymphocyte number
CD8 T-lymphocyte number
Delayed cutaneous hypersensitivity
CD4/CD8 ratio
Serologic response after immunizations
Bacteria killing



Steps in Nutrition Care

- Nutritional Assessment
- Preparation of Nutrition care plan
- Conducting a counseling/education session
- Preparation for food Drug-plan
- Follow up plan
- Referral for specialized care

Nutrition Intervention

- Good Nutritional Status
- Strengthened Immune System
- Nutrition Needs Met
- Reduced Vulnerability to Infections



Food by Prescription

- Food distribution based on specific parameters: individualized assessment and specific entry and exit criteria
- “Specialized” high-energy food supplement fortified with micronutrients given to clients meeting specified criteria to achieve a specific nutritional goal

Purpose/objective of FBP

- To rehabilitate (and prevent) malnutrition, correct deficiencies and supplement diet to increase energy and other nutrient intake.
- To optimize nutritional status and quality of life and reduce mortality
- To improve adherence to services or drugs, use of services and follow-up (e.g., ANC)
- To reduce duration of hospital stays and improve pregnancy outcomes

*FBP is targeted only to people
who are nutritionally most in need.*

Kenyan National Guidelines on Nutrition and HIV/AIDS

- Not all PLHIV and households affected by HIV/AIDS are food insecure and in need of food intervention or support.
- Targeting with food assistance should always be done with care, as non-HIV-affected households, which are equally vulnerable and/or poor, can be marginalized or denied assistance.

Kenyan National Guidelines on Nutrition and HIV/AIDS cont.

- HIV-exposed or -infected children with weight-for-height of < -3 Z scores should be provided with institutional nutritional management for at least 7 days and supported with ready-to-use therapeutic food for not less than a month.
- HIV-infected adults with a BMI of < 18.5 kg/m² and children with weight-for-height (wt/ht) of < -2 Z scores should be supported with food supplementation to improve their nutritional status to BMI > 18.5 kg/m² (or wt/ht of > -2 Z score).

Kenyan National Guidelines on Nutrition and HIV/AIDS cont.

- Micronutrient-fortified food supplement providing not less than 40% of their daily caloric requirement should be provided to:
 1. Pregnant, HIV-infected women who do not gain weight for 2-3 months, especially in the 2nd or 3rd trimester, or who have a MUAC of < 22
 2. Women during the first 6 months after delivery who have a MUAC of < 22.

Requirements for food prescribed through the CCC

- Nutritionally dense
- Safe (both at home and in the facility)
- Easy to deliver to clients in quantities desired
- Palatable and acceptable to clients, especially those with poor appetite, nausea, oral sores, thrush and malabsorption
- Easy to use (prepare and consume)
- Not easy to share in the household

Example admission criteria for food in a FBP program

PEPFAR/USAID-supported FBP Program

Adults (>18 years)

- Severe malnutrition after discharge from rehabilitation
- BMI < 16 (BMI < 18.5 in sites on a pilot basis) MUAC is used ONLY if BMI cannot be taken

Pregnant and post-partum women

- Severe and moderate malnutrition, e.g. MUAC < 22 cm
- Slower than average weight gain during pregnancy
- Symptoms of AIDS
- Any other sign of micro- or macro-nutrient deficiency

Example admission criteria for food in a FBP program cont.

Older children (5-11 years) and adolescents (12-18 years)

- W/H Z score < -2
- OR Presence of bilateral oedema (oedema assessed by a clinician for medical causes)

Example admission criteria for food in a FBP program cont.

Younger children (6 months-5 years)

- W/H Z score < -3 : Treat according to national (or WHO) guidelines to manage severe malnutrition.
- FBP if W/H or W/A Z score < -1.5
- OR if bilateral oedema (oedema should be assessed by a clinician to rule out other medical causes). Other medical reasons (e.g. lack of appetite, oral thrush/sores) also considered.
- Born to a HIV+ parent who is malnourished (as defined above)
- Orphaned

Example discharge criteria for food in a FBP program

Adults

- In the program for 3 months
- AND BMI > 18.5/20 (or MUAC > 23 cm if BMI cannot be taken)
- AND no bilateral oedema for 10 consecutive days

Pregnant and lactating women 6 months after delivery

- Received food for 6 months after delivery
- AND MUAC > 23 cm

Example discharge criteria for food in a FBP program

Older children and adolescents 12-18 years

- W/H Z score > -1.5 (or $> 85\%$ of reference median)
- AND bilateral oedema for 10 consecutive days

Younger children (1-5 years)

- W/H (or W/A) Z score > -1.5 and no faltering for two consecutive weighings

Food Products

(From Insta)

All good sources of Macro Nutrients and Micro-nutrients

ADVANTAGE®

was developed for pregnant and nursing mothers

- FAT : 25%
- PROTEIN :14%
- CARBOHYDRATE: 61%

FIRST FOOD®

complimentary weaning porridge suitable for older infants (over 6 months age)

- FAT: 26%
- PROTEIN : 12%
- CARBOHYDRATE : 62%

FOUNDATION® PLUS+

a dry flour, convenient to prepare with water to be eaten as a nutritious boiled porridge.

- FAT : 25%
- PROTEIN :14%
- CARBOHYDRATE : 61%

Issues to consider when integrating food into CCCs

- Time
- Staff availability and support
- Logistics (procurement and delivery schedule, flow of supplies, storage, accountability)
- Dependency issues
- Type and amount of food
- Criteria for allocation and discharge
- Family members and sharing issues

Other support needed by PLHIV receiving FBP

- Nutrition education on importance of balanced diet
- Increased energy intake
- Hygiene and sanitation
- Food preparation demonstrations
- Drug-food plans
- Advice on how to incorporate the food into snacks meals

Lesson learned

- Flexible of Criteria for prescription
- Education to the public, community to improve support
- Stigma and FBP

recommendations for food industry responses

- Availability to the common market
 - Smaller packaging
 - Public education on Nutrition and availability of easy to prepare foods
 - Pricing?????